

WASHINGTON STATE TEACHERS' RETIREMENT SYSTEM (TRS)

P.O. Box 48380, Olympia, Washington 98504-8380 (360) 709-4700

PROOF OF EARNABLE COMPENSATION

EMPLOYEE'S NAME: _____ EMPLOYER'S NAME: _____

EMPLOYEE'S SS#: _____ EMPLOYER'S ADDRESS: _____

TRS RETIREMENT DATE: _____

The following information must be completed in order to finalize this account. Please keep in mind the totals listed below must match what has been reported on the transmittal system. If the amounts do not match, please explain why.

Transmittal Total: July 1, 19__ through June 30, 19__ \$ _____

Contract Total: July 1, 19__ through June 30, 19__ \$ _____
 July 1, 19__ through June 30, 19__ \$ _____
 July 1, 19__ through June 30, 19__ \$ _____

Total Earnable Compensation \$ _____

Transmittal Total: July 1, 19__ through June 30, 19__ \$ _____

Contract Total; July 1, 19__ through June 30, 19__ \$ _____
 July 1, 19__ through June 30, 19__ \$ _____
 July 1, 19__ through June 30, 19__ \$ _____

Total Earnable Compensation \$ _____

Employee's last day of work: _____

VACATION LEAVE CASHOUT

Beginning balance of vacation days as of June 30, 19__ _____

Earned 1st year: 19__/19__ _____

Taken 1st year: 19__/19__ _____

Earned 2nd year: 19__/19__ _____

Taken 2nd year: 19__/19__ _____

Net vacation leave at retirement for compensations: _____

____ Days accrued leave @ \$ _____

Date paid: _____ Total paid: \$ _____

I do hereby certify the above information is a true and correct record of the total earnable compensation paid to the above-named employee for the period indicated.

Signature of Certifying Officer

Telephone Number

Title of Certifying Officer

Date Completed

COPIES OF ALL CONTRACTS AND VACATION LEAVE AGREEMENTS MUST BE ATTACHED